


PAYEE DATA RECORD(Required when receiving payment from the State of California in lieu of IRS W-9)
STD. 204 (Rev. 6-2003)

1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.							
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print) GOLDEN STATE OVERNIGHT DELIVERY SERVICES <hr/> <table style="width: 100%;"> <tr> <td style="width: 60%;"> SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) EDIAMONON@GSO.COM </td> <td style="width: 40%;"> E-MAIL ADDRESS EDIAMONON@GSO.COM </td> </tr> <tr> <td> MAILING ADDRESS 1201 MARINA VILLAGE PARKWAY #300 CITY, STATE, ZIP CODE ALAMEDA, CA 94501 </td> <td> BUSINESS ADDRESS 1201 MARINA VILLAGE PARKWAY #300 CITY, STATE, ZIP CODE ALAMEDA, CA 94501 </td> </tr> </table>			SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) EDIAMONON@GSO.COM	E-MAIL ADDRESS EDIAMONON@GSO.COM	MAILING ADDRESS 1201 MARINA VILLAGE PARKWAY #300 CITY, STATE, ZIP CODE ALAMEDA, CA 94501	BUSINESS ADDRESS 1201 MARINA VILLAGE PARKWAY #300 CITY, STATE, ZIP CODE ALAMEDA, CA 94501	
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3	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 9 4 - 3 2 2 1 2 8 8		NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.					
PAYEE ENTITY TYPE CHECK ONE BOX ONLY	<table style="width: 100%;"> <tr> <td style="width: 33%;"> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST </td> <td style="width: 33%;"> CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input checked="" type="checkbox"/> ALL OTHERS </td> <td style="width: 33%;"></td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: - - </td> </tr> </table> <p style="text-align: right; font-size: small;">(SSN required by authority of California Revenue and Tax Code Section 18646)</p>			<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST	CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input checked="" type="checkbox"/> ALL OTHERS		<input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: - -	
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4	PAYEE RESIDENCY STATUS <input checked="" type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.							
5	I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.							
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) ERNESTO DIAMONON		TITLE DIR. GOVERNMENT ACCOUNTS					
	SIGNATURE 	DATE 6/27/2011	TELEPHONE (916) 636-5130					
6	Please return completed form to: Department/Office: _____ Unit/Section: _____ Mailing Address: _____ City/State/Zip: _____ Telephone: () _____ Fax: () _____ E-mail Address: _____							